Ur	der the Paperen	ork Reduction Act FENT APPLI	<b>of 19</b> 95, n	C DESCRIPTION OF THE		A.S.	Patent and	Approved ( Trademark Of	or use the los; U.S.	ough 7/31/2008. DEPARTMENT	OMB 0851-005 OF COMMERCE	Ž
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	•	<del></del>	OUDER	tute for Form P	10-875				<u> </u>	10/517	758	
·	CLAIMS AS FILED - PART I (Column 2) .							ENTITY	OR	OTH	ERTHAN LENTITY	]
	FOR	NUM	BER FILED	NUM	ER EXTRA	11	RATE	FEE	1	04-		1.
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				17 CFR 1.16(€)		+->	<del>///_</del>	. OR	1.1/2		I	
* If the difference in column 1 is less than zero, order "0" in column 2.							TOTAL	W.Z	OR	TOTAL	1100	1
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۷		CLAIMS REMAINING	1	HIGHEST NUMBER	PRESENT				١.	SMALL	ENTITY	1
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į	independent par OFR 1.45(b))		Minus	" 3	•	×	,	1	QR	X 3 E	+=/	1
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ξÏ	Total .	. 4	Mirvus	"OVI	A			\ FEE		<b> </b>	FEE	
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į		ATION OF MULTIPL	E DEPENDI	ENT CLAN DEC	77.1.000	X i		<del>- X</del> -	OR	× 8e	V,	
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T		(Column 1)		(Column 2)	(Column 3)	_						
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įŀ	Yotat	AMENDMENT	Minus	PAID FOR				TIONAL		· .	TIONAL FEE	ŀ
	(M CFR 1.16(c))	•	· · ·	•••		×1			OR	X 8		Ι.
ğ	Independent (IF OFR 1.15(1))	<u> </u>	euniM	<del></del>	<u> </u>	×			OR .	X \$ *		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM: (37 CFR 1.16(d))					+1			OR	+ 4		
						AD	TAL D'L FEE		40	TOTAL		
•	If the entry in co	olumo 1 is less tha Yumber Previously	n the entry	In column Z, will	e "V" in column 3				OR	'ADD'L FEE		

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fills (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND. TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1450.

## PATENT APPLICATION FEE DETERMINATION RECORD Elective December 8, 2004

Application or Docket Number 10/517758

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
67			(Column 1)		(Column 2)			TYPE		OR	SMALL ENTITY	
<b>0.</b> \$.	NATIONAL :	STAGE FEES						RATE.	FEE		RATE	FEE
BASIC FEE			SMALL EST. = \$ 150		URGE ENT \$ 200			BASIC FEE		OR	BASIC FÉE	300
EXAMINATION FEE			Selistics PCT Article 23(1)- (4) = 6 50 / 6 100			All other shuttons =. 8 100 / \$ 200		EXAL FEE			DIAM FEE	200
SEARCH FEE			U.S. Is ISA = \$ 50/\$ 100 , ALL construction = \$ 200/\$ 400			er shuttore = 250/ 2 500		SEARCH FEE		٠.	SEARCH FER	400
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/50=			X\$ 125 =	•		X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			24 minus 20=		·. +			X\$25=		OR	X \$ 50 =	200
NOSPEKDENT CLADIS			3 · minus 3 = .		•			X\$100=		OR	X\$200 -	
MO.R.	TIPLE DEPEN	DENT CLASS PRE	SENT					+\$ 180 =		OR	+ \$ 360 =	
. 14	the difference	in column 1 is l	ess than zero,	0" in column 2			TOTAL		OR	TOTAL	1100	
(	CLAIMS AS AMENDED - PART					(Column 3)		SMALL ENTITY		OR	OTHER SMALL E	
WA	9/20/06	CLANS REMANDIS AFTER AMENDMENT		HIGH MUM PRIEVIC PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		. RATE	ADDI- TIONAL FEE
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¥ E	independent	• 3	Minus	***	3	- Ø		X \$ 100 =		OR	X\$200 =	<b>\</b>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H	+\$180=		OR	+\$360 =	1.
								TOTAL ADDIT.		OR	YUTALADOIT. FEE	$\overline{Z}$
		(Column 1)		(Cotus		(Column 3)					1.5.4	: } <b>!</b>
Z 0	126/09	CLASKS REMAJENG AFTER ANCENDMENT	·	HIGH HUM PREVAC PAID	DER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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3	<b>Independent</b>	· 7	Minus	ے 🕶	3	•		X \$ 100 =		OR	X\$200=	•/
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =		OR	+\$380=	
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**	File Triphesi Ne II ika Triphesi Ne	nto 1 is tess than the rober Previously Pelo rober Previously Pelo rober Previously Pelo	For DI THIS SP/	NCE to the	Star Ti	r, enter 20°. Lenter 2°.	i in th	4 appropriato bas	i la column 1.	•	•	•